



Application For Workers' Compensation Insurance

ATTACH G

1 INSURANCE AGENT OR BROKER

Please Print or Type

NAME IWIF - DIRECT	PHONE NUMBER EXT.
ADDRESS 8722 LOCH RAVEN BLVD	FAX NUMBER
CITY / STATE / ZIP TOWSON MD 21286	AGENCY CODE NUMBER

2 APPLICANT INFORMATION

NAME CITY OF ROCKVILLE	E-MAIL ADDRESS
MAIL ADDRESS 111 MARYLAND AVENUE	PHONE NUMBER 240-314-8467 EXT.
CITY / STATE / ZIP ROCKVILLE MD 20850	FAX NUMBER
LEGAL ENTITY <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> LTD.LIABILITY PTNR. <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LTD.LIABILITY CO. <input type="checkbox"/> UNINCORPORATED ASSN <input type="checkbox"/> DEBTOR IN POSSN <input type="checkbox"/> ESTATE - TRUST <input type="checkbox"/>	FEDERAL ID NO 52-6001573 SIC CODE 9199 NCCI RISK ID 1 BUS START YEAR

3 POLICY INFORMATION

PROPOSED EFF.DATE (mm/dd/yy) 01/01/10	PROPOSED EXP.DATE (mm/dd/yy) 01/01/11	NORMAL ANNIVERSARY DATE	DIVIDEND PLAN/SAFETY GRP. NO.
PART 1 - WORKERS COMPENSATION (States) MARYLAND	PART 2 - EMPLOYERS LIABILITY \$ 100,000 EACH ACCIDENT \$ 500,000 DISEASE - POLICY LIMIT \$ 100,000 DISEASE - EACH EMPLOYEE	PREMIUM PAYMENT PLAN 1 2 4 7 10 A \$7 installment fee will be billed for each payment of the payment plan.	PREMIUM FINANCED Yes <input type="checkbox"/> No <input type="checkbox"/> If yes - please include a copy of your finance agreement
AUDIT FREQUENCY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY	UNDERWRITER: MITESH VYAS	APPLICATION NO. : 10511007 RT	

NOTE AS TO EFFECTIVE DATE: If this application is accepted and approved, coverage will become effective 12:01 A.M. local time the day following postmark of the envelope containing the application and check for deposit. If the postmark is missing or obliterated, coverage will be effective at 12:01 A.M. on the day received. If the accepted application is delivered to the Fund other than by mail, coverage will be effective at 12:01 A.M. on the day following delivery.

4 RATING INFORMATION

CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	AVERAGE NUMBER OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION	RATE PER \$100 OF PAYROLL	ESTIMATED ANNUAL PREMIUM
90380	TOWNSHIP OR MUNICIPAL POLICE	1	\$4,369,507	8.69	\$379,710
90370	TOWNSHIP, MUNICIPALITY; ALL EMP EXCL CLERICAL,	1	\$11,530,034	8.69	\$1,001,960
88100	CLERICAL OFFICE EMPLOYEES N O C	1	\$17,756,840	.36	\$63,925

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS WC 19 06 01 WC 00 04 06 WC 00 03 08	SUB-TOTAL		\$1,445,595
	INCREASED LIMITS		\$0
	EXPERIENCE MODIFICATION	1.00	\$0
	LOSS CONTROL INCENTIVE	0.68	-\$459,699
	PREMIUM DISCOUNT		-\$130,836
	EXPENSE CONSTANT		\$150
	TERRORISM		\$10,097
	CATASTROPHE		\$3,366
	TOTAL ESTIMATED ANNUAL PREMIUM		\$868,673
Policy Minimum Premium:	\$678	INITIAL PREMIUM DUE	\$78,198

5 OWNERSHIP

List below complete information for all officers, partners or sole proprietors. Remuneration must be part of rating, information shown in item 4.

FIRST NAME - MIDDLE NAME - LAST NAME	SOCIAL SEC. NUM	DATE OF BIRTH	TITLE RELATIONSHIP	OWNERSHIP	DUTIES	INCL EXCL	CLASS CODE	REMUNERATION
MEMBERS COUNCIL	XXX-XX-NONE		COUNCIL MEMB	0%		N	00000	

6 WORKPLACES IN MARYLAND

A. PRIMARY ADDRESS (Not P.O. Box) Please list if different than mailing address

111 MARYLAND AVENUE

City State Zip Code

ROCKVILLE MD 20850

Area Code - Phone Number - Ext.
240-314-8467

B. PAYROLL RECORDS LOCATION Please list if different than mailing address

111 MARYLAND AVENUE

City State Zip Code

ROCKVILLE MD 20850

Area Code - Phone Number - Ext
240-314-8467

C. OTHER WORKPLACES IN MARYLAND

Street Address

City

State

Zip Code

Area Code - Phone Number - Ext

7 PRIOR CARRIER INFORMATION / LOSS HISTORY

YEAR	CARRIER NAME	POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE

8 TRADE NAMES

THE APPLICANT IS OPERATING UNDER THE FOLLOWING TRADE NAMES:

9 NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

Give comments and descriptions of business, operations and products: Manufacturing - Raw materials, processes, product, equipment. Contractor - type of work, subcontracts. Mercantile - merchandise, customers, deliveries. Service - type, location. Farm - acreage, animals, machinery, subcontracts.

MUNICIPALITY WITH POLICE DEPARTMENT

10 GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO		YES	NO
1. Does applicant own, operate or lease aircraft or watercraft ?			17. Any other insurance with this insurer ?		
2. Do or have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material ? (e.g. landfills, wastes, fuel tanks, etc.)			18. Any prior coverage declined/cancelled/non-renewed (last 3 years) ?		
			19. Are employee health plans provided ?		
3. Any work performed underground or above 15 feet ?			20. Is there a labor interchange with any other business/subsidiary ?		
4. Any work performed on barges, vessels, docks, bridge over water?			21. Do you lease employees to or from other employers ?		
5. Is applicant engaged in any other type of business ?			22. Do any employees predominantly work at home ?		
6. Are subcontractors used ?			23. Any tax liens or bankruptcy within the last five years ?		
7. Any work sublet without certificates of insurance ?			24. Any disputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises ? If yes, explain including entity name(s) and policy number(s).		
8. Is a formal safety program in operation ?					
9. Any group transportation provided ?			CONTACT INFORMATION		
10. Any employees under 16 or over 60 years of age ?			INSPECTION	PHONE:	
11. Any part time or seasonal employees ?				NAME:	
12. Is there any volunteer or donated labor ?			ACCOUNTING RECORDS	PHONE:	
13. Any employees with physical handicaps ?				NAME:	
14. Do employees travel out of state ?			CLAIMS INFORMATION	PHONE:	
15. Are athletic teams sponsored ?				NAME:	
16. Are physicals required after offers of employment are made ?					

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REMARKS

11 RELATED ENTITIES

An entity's experience and financial obligations to IWIF may continue to another entity if the entities have shared business operations, board members, officers or owners. **ATTACH G**

(A) Within the past five years, has applicant (including any owner, director or officer) been an owner, director or officer of any other entity whose business or operations was the same or similar to the business or operations of the applicant?

_____ YES _____ NO

(B) Has applicant assumed any portion of the business or operations of any other entity through purchase, transfer, asset purchase, merger, consolidation, bankruptcy or dissolution ?

_____ YES _____ NO

If the answer to A or B is YES, please identify the other entity and describe the relationship.

IMPORTANT INSTRUCTIONS PERTAINING TO APPLICATION

The personal information being requested in the enclosed application is being collected for underwriting purposes. IWIF cannot issue a policy of insurance unless the requested information is provided. You have the right to inspect, amend, or correct this record. This information is generally not available for public inspection but could be made available or shared with other entities to facilitate our business needs.

1. Please carefully complete this application. It is very important that all social security numbers are entered for each officer or partner. Include Federal I.D. # where applicable.
2. Complete a separate application for each separate legal entity to be insured by IWIF.
3. Sign the completed application and return it to the Injured Workers' Insurance Fund accompanied by the required deposit.
Injured Workers' Insurance Fund
8722 Loch Raven Boulevard
Towson, Maryland 21286-2235
4. If your corporation is a Maryland Close Corporation and the officers wish to be excluded from coverage, please enclose a copy of your Articles of Incorporation, which has been approved by The Department of Assessments and Taxation, and a signed statement from each officer requesting they not be covered by the policy. This documentation must also be filed with the Worker's Compensation Commission, ATTN: Insurance Division, at 10 East Baltimore Street, Baltimore, Maryland 21202-1641.
5. Attach a copy of your most recent 3 year loss report.
6. I understand that IWIF will rely on the information contained in this application to determine the proper premium and that any false, misleading or incomplete information may constitute insurance fraud, subjecting me to criminal prosecution. By signing this application, I am certifying that the information in this application is true, accurate and complete to the best of my knowledge, information and belief.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

The items listed below may greatly affect the premium that you pay. Read this information carefully and discuss any item that you do not understand with your Injured Workers' Insurance Fund representative prior to signing and dating below. Keep a copy for your reference. ATTACH G

REPORTABLE AS A BASIS FOR PREMIUM

The gross amounts paid by your business on the items below are to be reported when filing premium or payroll reports.

- | Corporate officers' wages - subject to minimum and maximum limitations.
- | Payments to contractors - unless certificates of workers' compensation insurance are obtained.
- | Contract, part-time or day labor working in your normal business operations.
- | Overtime - report all hours at straight time rate.
- | Commissions, bonuses, holiday, vacation and sick pay.
- | Tax deferred payments such as cafeteria or 401K plans.
- | Payments to minors and family members.
- | Rental value of an apartment or house provided to an employee.
- | Car and tool allowances.
- | Entertainers and musicians.

NON REPORTABLE AS A BASIS FOR PREMIUM

- | Tips or severance payments.
- | Extra pay for overtime - do not report the half-time on time and one-half.
- | Reimbursed expenses shown in the business records.
- | Wages of owners/officers rejecting workers' compensation coverage and excluded by endorsement.

CONSTRUCTION TIMECARDING

Construction industry policies with more than one class code require timecard summaries by class code in order to take advantage of any lower-rated classifications. All payroll is to be reported under the highest rated classification to which the employee is working if timecard summaries are not maintained. Allocation of payroll by percentage or estimate is not allowed.

CODES 8742 and 8810

The following requirements must be met for either Code 8742 or 8810 to apply to your policy.

8810 - Clerical Officer Employees - are employees engaged exclusively in office work having no other duties relating to the operation of the business. The office must be physically separate from the other business operations and these employees will supervise only other clerical office employees.

8742 - Salespersons, Collectors, Messengers - Outside - are employees engaged in duties away from your premises. These employees will supervise only other clerical office employees.

I have read the information above. All items were discussed that were not clear to me. I understand my premium responsibilities relating to this information.

Signature

Owner /Partner /Corporate Officer

Print Name

Date

Print Title

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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Coverage for acts of terrorism is included in your policy premium quotation.

On December 26, 2007, the President of the United States signed into law amendments the Terrorism Risk Insurance Act of 2002 (the "Act") which, among other things, extended the Act and expanded its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of Terrorism" is defined in Section 102(I) of the Act to mean any act that is certified by the Secretary of Treasury - in concurrence with the Secretary of State and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The federal government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100 billion provided that such Insurer has met its deductible. If the aggregate Insured Losses exceed \$100 billion in any one year, your coverage may be therefore reduced.

The portion of your annual premium that is attributable to the coverage for acts of terrorism is: .03 per \$100 of total remuneration, and does not include any charges for the portion of losses covered by the United States government under the act.

Name of Insurer: **Injured Workers' Insurance Fund (IWIF)**
Application Number: **10511007**
Named Insured: **CITY OF ROCKVILLE**

**This notice contains important policy information.
Please retain it with your coverage quotation.**